PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

107 74 909

OLAMIC ACELES CAREL										سب		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALLE TYPE [YTITY	OR	OTHER SMALL	
TOTAL CLAIMS			19					RATE	FEE].	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FEI	395.00	OR	BASIC FEE	790.00
TC	TAL CHARGE	ABLE CLAIMS	/2 minus 20= *		. 62			X\$ 9=		OR	X\$18=	
INE	EPENDENT C	LAIMS	∠ minus 3 = °			1 ;		X44=		OR	X88=	
MULTIPLE DEPENDENT CLAIM PRESENT							+150≡	•	OR	+300=		
"If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								SMALL	ENTITY	OR	OTHER SMALL	• • • • • • •
		(Column 1)		(Colun		(Column 3)	ι.	3171766				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	,	HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	·ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 107	Minus	··82	_	= 25		X\$ 9=		OR	X\$18=	1250
	Independent	- 5	Minus	*** (TI 4114	- 4	Н	X44=		OR	X88=	200
	FIRST PRESE	ENTATION OF MU	JETIPLE DEF	ENDENT	CLAIM			+150=		OR	+300=	
								TOTAL		OR	TOTAL	1450
ADDIT. FEEOH ADDIT. FEE												
		(Column 1)	,	(Colun		(Column 3)	<u>.</u>					•
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID I	BER USLY	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	\prod	X\$ 9=		OR	.X\$18=	
	Independent	•	Minus	###		=	li	X44=		OR	`X88≃	
	FIRST PHESE	NTATION OF MU	LIPLE DEP	ENDENI	CLAIM		1	+150=		OR	+300=	
								TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)	1 -					
. AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus ·	**	,	=		X\$ 9=	•	OR	X\$18=	
	Independent		Minus	****		=	lt	·X44=			X88=	
۷.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR ADDIT. FEE												
1	f the "Highest Nu The "Highest Num	mber Previously Pa ber Previously Paid	id For IN THIS I For (Total or	SPACE is Independe	ness than	highest num! 6	er four	nd in the app	ropriate box	in cot	umn 1.	